MyVA ADVISORY COMMITTEE MEETING
MINUTES May 11 - 12, 2016

The MyVA Advisory Committee (MVAC) convened its meeting on May 11 – 12, 2016, at the Booz Allen Hamilton Facility, in Washington, DC.

Committee members present:
Dr. Michael Haynie – Vice Chair
Mr. Herman Bulls
Ms. Teresa Carlson
Dr. Richard Carmona
Dr. Chris Howard
Ms. Nancy Killefer (absent Day 2)
Ms. Regina (Jean) Reaves
Ms. Maria (Lourdes) Tiglao
Mr. Bob Wallace

Committee members absent:
General Josue (Joe) Robles
Dr. Eleanor (Connie) Mariano
Dr. Laura Herrera Scott

Agency representatives participating:
Mr. Robert McDonald – Secretary
Mr. Sloan Gibson – Deputy Secretary
Mr. Robert Snyder – Interim Chief of Staff
Mr. Scott Blackburn – Interim Executive Director, MyVA Task Force
Ms. Debra Walker – Designated Federal Officer
Mr. Kenneth Olivo – Alternate Designated Federal Officer

Presenters and other participants:
Dr. David Shulkin – Under Secretary for Health
Mr. Danny Pummill – Acting Under Secretary for Benefits
Mr. Ronald Walters – Acting Under Secretary for Memorial Affairs
Ms. Meghan Flanz – Human Resources and Administration
Mr. Mike Feil – MyVA Program Support Office
Mr. Tom Muir – Shared Services Excellence
Mr. Tom Allin – Veterans Experience Office
Mr. Darren Blue – Veterans Experience Office
Mr. Mark Bailey – National Association of Government Employees
Ms. Irma Westmoreland – National Nurses United
Ms. Mary Jean Burke – American Federation of Government Employees
Mr. Calvin Scott – National Federation of Federal Employees

myVA
Putting Veterans First

Ms. Christine Polnak – Service Employees International Union
Ms. Kimberly Moseley – Human Resources and Administration
Ms. Jelessa Burney – Advisory Committee Management Office
Ms. Rochelle Williams – MyVA Program Support Office
Ms. LaVerne Council – Office of Information and Technology
Ms. Deb Kramer – MyVA Program Support Office
Ms. Baligh Yehia – Veterans Health Administration
Mr. Shereef Elnahan – Veterans Health Administration
Ms. Rosetta Lue – Veterans Experience Office
Ms. Laura Eskenazi – Board of Veterans Appeals
Mr. James Albino – Office of Public and Intergovernmental Affairs
Mr. Chris O'Connor – Office of Congressional and Legislative Affairs
Ms. Brenda Faas – Veterans Health Administration
Mr. Kevin Hanretta – Assistant Secretary for Operations, Security, and Preparedness
Mr. Gregory McClean – Performance Improvement Office
Ms. Rosemary Williams – Office of Public Affairs
Mr. Mike Haith – Human Resources and Administration
Ms. Rashi Venkataraman – Strategic Partnerships
Mr. Brian Hawthorne – Office of Public Affairs
Dr. Carolyn Clancy – Veterans Health Administration
Ms. Carol Borden – Office of General Counsel
Mr. Adam Polhamus – Veterans Benefits Administration
Ms. Lauren Sylvia – Veterans Benefits Administration
Mr. Omar Boulware – Office of Congressional and Legislative Affairs
Mr. Douglas Webb – Program Support Office
Mr. Kenneth Becker – Veterans Benefits Administration
Mr. James Hundt – Veterans Health Administration
Mr. James Albino – Office of Public Affairs
Mr. Danos Auento – Office of Public Affairs
Ms. Carol DiBattiste – Veterans Health Administration
Ms. Michelle Dominguez – Office of Congressional and Legislative Affairs
Mr. Mark Erwin – Office of the Secretary
Ms. Julia Kim – Veterans Experience Office
Mr. Denise Kitts – Veterans Experience Office
Ms. Ally Logsdon – Strategic Partnerships
Mr. Patrick Littlefield – VA Center for Innovation
Mr. Greg Giddens – Office of Construction, Logistics, and Acquisitions
Mr. Midh Malpire – Veterans Health Administration
Ms. Janet Murphy – Veterans Health Administration
Mr. Jim Stolarski – Veterans Health Administration
Mr. Lucas Tickner – Veterans Benefits Administration
Ms. Kayla Williams – Center for Women Veterans
Mr. Marc Wine – Office of Information Technology

myVA
Putting Veterans First

Day 1

Start of Public Meeting – Introductions and Administration

Dr. Mike Haynie acted as chair of the MyVA Advisory Committee (MVAC) and welcomed everyone, especially members of the public to the meeting.

He asked members what they would like to hear or discuss during the meeting. Members wanted to hear about how the Transformation effort is proceeding and how lower levels of the organization are adapting to and executing strategies. They also wanted to hear from the Veterans Service Organizations (VSOs) to get their perspective on the MyVA transformation effort. Members also wanted to discuss how to keep the momentum going through the changes to be expected in an election year.

Secretary McDonald told the group that the next six months will be critical for decades to come and that he is looking for the Committee's new ideas.

Dr. Shulkin wanted to get a sense from those who have not been at the latest meetings to see whether VA really is making progress and making a difference. He knows that everyone is working very hard, but wants to be sure that VA is making progress.

Dr. Haynie concluded the discussion by saying that the February meeting "turned a corner." It moved from the Committee being fed information to a real dialog. He valued hearing from other transformation efforts and is looking forward to hearing from new voices at this meeting, especially the Congressional roundtable. Dr. Haynie hoped to discuss the long term work the MVAC could do to help institutionalize the changes and span the change in Administrations.

Department and MyVA Progress Updates

Secretary McDonald started with sharing VA's mission and values as he does with every meeting and presentation with these. He told the Committee that you can't be a good customer service organization without being principles based because you can't make a rule for every situation. The real questions are "Are you working on the mission? Are you behaving consistently with our values?"

He briefed the group on the Leadership changes made since the February meeting:

- Ms. Rosemary Williams – Public Affairs
- Ms. Meghan Flanz – Acting Assistant Secretary for Human Resources and Administration
- Mr. Michael Missal – Inspector General
- Ms. Jennifer Lee – Deputy Undersecretary for Health for Policy and Services
- Mr. Richard Stone – Principal Deputy Undersecretary for Health
- Ms. Kayla Williams – Director, Center for Woman Veterans

Secretary McDonald feels that VA's efforts are creating irreversible momentum and has requested Congress to pass 100 new pieces of legislation. Most of these are part of the proposed FY17 budget, and many these are part of a "Veterans First" bill. He is expecting votes before Memorial Day.

VA's recent Brain Trust event brought together world experts on traumatic brain injury. Organizers wanted to break down barriers to bring researchers together for information sharing, so they created a forum in which 50 innovation ideas were proposed, with 24 different teams formed to work on them. Four ideas received awards. The Brain Trust was a great example of the use of VA's convening authority to bring people together to share ideas and innovations. VA will sponsor a Suicide Conference next year as well as another Brain Trust event.

VA has collected 246 stories to illustrate how VA employees moving to a principles-based culture. Over 9,000 people have now participated in Leaders Developing Leaders (LDL) training sessions. While LDL is considered a significant part of VA's transformation, leaders acknowledge that real change will not happen until culture and leadership efforts have reached people at the front line.

Recent operational improvements were discussed. VA is using tools such as Strategic Analytics for Improvement and Learning (SAIL) to measure operations in health care facilities around the country. Sixty percent of medical centers have improved the quality of care in absolute terms. VA has implemented operational dashboards and productivity tools that let managers drill down to the facility and provider level to address productivity. There are tools to manage access as well. VA is using management tools for its transformation efforts as well.

The Department has developed a Dashboard to help track progress on the 12 Breakthrough Priorities. Cross departmental teams working on all 12 priorities and check in every 2 weeks with the Secretary or Deputy Secretary. VA is making the transition from loose confederation of offices to integrated operations, enabled by training, data, two-way communications and standardized processes.

Dr. Haynie asked if VA was able to correlate these changes to improved outcomes for Veterans. For example, he asked, can VA see where LDL leads to improved outcomes for Veterans? Deputy Secretary Gibson replied that VA could not yet make that correlation, because VA is still working on integrating that effort with front line employees. The dynamic on Employee Engagement needs to change.

The Access team briefed the MVAC members on their progress as part of the MyVA update.

Mr. James Hunt from the VA Engineering Resource Center (VERC) and colleague discussed the engineering processes they used to work on same day access. Teams of experts from across the country were involved to accomplish this goal. Experts in the field came together to

help the VERC map the veteran journey as it relates to access. The teams looked at the clinical staff journey as well. The journey maps were correlated to systems. This process let the team narrow the field down to 24 solution sets. Now, solution sets have been adopted and VHA is working on implementing them and measuring the process poi

The Undersecretary's declaration on access was an important part of the access team's work. Congress interpreted access and 24x7 access for as access for anyone. The wording in the access declaration was very careful to explicate exactly what that means.

For Dr. Shulkin, same day access is whatever the Veteran wants. If the Veteran feels it is important to be seen, they should be seen. He commented that part of physician training and, indeed part of VA, is a paternalistic – "we know what's best" culture. Instead, we should put patients first. If we had systems that were easier for Veterans to use, they would not need so many appointments. VA has asked for legislative coverage to bring telehealth into patient homes. More discussion is needed to clarify the language in the proposed legislation so it can be included in the current bill for VA.

Dr. Carmona asked if VHA was considering triage with respect to managing resources.

Dr. Shulkin said that there is a lot more evidence saying we can triage better. He is looking at outside companies to see how their triage systems work. Ultimately, however, he wants the system to be "veteran's choice." Dr. Shulkin gave an example: the last time he held office hours in a VHA facility, his last patient of the day was a patient who would not have passed a standard triage process. However, this Veteran was able to be seen in the VA system, and in the course of the examination, he told Dr. Shulkin that he was homeless. VA was able to get him shelter right away – thus providing the holistic care he needed. VA needs a system that is the Veteran's choice – but one that includes alternatives to standard care.

Dr. Carmona agreed and added that social determinants of health could and should be incorporated into a nurse triage program. There is a lot of literature supporting this approach.

Dr. Shulkin added that the best health care systems in the world are designing same day access. The Cleveland Clinic answers morning calls with "Cleveland Clinic – would you like to be seen today?" They use engineering methods to create slack in schedule and allow same day appointments.

Deputy Secretary Gibson introduced the VHA Access Team, saying that VA is seeing "best in class" change management for Access. The lessons learned from this effort will be a critical enabler for integration; change management has not been a strength at VA in the past.

Mr. Hundt told the group that the Access team created the Integrated Operating Platform that was used as a framework for the Access effort. Every facility completed a baseline assessment. Improvements were tailored for each facility, based on the results. The team is

in the fourth week of deploying these recommendations; improvements have been initiated at 28 facilities so far. There are teams deploying everywhere there is a veteran. Every day they track where they are and where they have been. This tracking is reflected in a dashboard that is available for anyone in VA to review.

Deputy Secretary Gibson said VA is not yet getting traction on improving the employee experience. That is why the Leaders Developing Leaders projects are so important. VA is also promoting LEAN. However, he has looked at companies that have four or five years of LEAN experience and he is not sure there is a positive correlation between LEAN and employee engagement.

The Secretary believes that the low vocality of employees is because VA has not delivered on promises made to employees when they have been vocal in the past. Despite this, VA is making progress. The Department is tapping the expertise of a lot of groups, such as the VHA Engineering Resource Center, that have not been properly used in the past.

Secretary McDonald concluded this portion of the meeting by discussing the legislative help VA needed. He gave the Committee members a copy of the letter he sent to Congress on legislation.

Congressional Roundtable

The discussion started with a two video presentations: one from Senator Jon Tester and one from Senator Thom Tillis.

The Panelists for this discussion were:

- Tom Bowman – Staff Director, SVAC, Majority
- John Kruse – Deputy Staff Director, SVAC, Minority
- Don Phillips – Staff Directory, HVAC, Minority

Dr. Carmona asked for the panelists' comments on VA's vision, especially on empowering Veterans, improving strategic partnerships, and transforming the culture of the organization.

Mr. Bowman remarked that accountability is a two-edged sword. While the organization can't fire its way to excellence, it needs to be easier to demote or fire poor performers. Congress will be both VA's biggest cheerleader and harshest critic. Congress will continue to exercise close oversight on major medial construction.

Mr. Phillips felt that the focus should be on the importance of the experience of the Veteran. On a recent trip to Los Angeles he met a homeless veteran who had separated from service March 13 and was going to night school. He was frustrated with his inability to get help. One half of one percent of VA employees doing bad things swamps all the good stuff Department does. The one thing that MyVA should do is to help veterans - get access to Veterans in a

manner in which they are comfortable. Veterans who understand VA will help to recruit new people to use VA benefits and services.

Mr. Kruse said that he gets all his healthcare at the VA and has done for 15 years, despite his other opportunities. He was skeptical of MyVA at first, but it has brought VA to the point where he thinks it is turning the corner. He thinks the culture change is beginning and that MyVA will be a big impact – if it lasts. However, he hears about plans and programs at Headquarters that get lost in the fog when getting closer to the field and the point of service to the Veteran. Messages need to be sent below the "fog lines." If professionals want to help and get turned away, you've lost them. VA needs to work on understanding within the Medical Center, not above it.

Secretary McDonald agreed, saying that the LDL cascading sessions had been modified because VHA leaders did not want to take people off the line for three days of training; now one and two-day modules are available. By December, he expects every single VA leader to have been trained.

Dr. Carmona, reminding everyone that VA was in the midst of a transformation, asked the panel members to comment on what is going well.

Mr. Phillips replied that the briefings from VA on the Denver (construction) situation were very helpful. VA was able to answer questions from both sides of the aisle. This and other conversations from VA senior leaders have been very helpful in keeping Congressional leaders informed. Open, frank discussions are important. In addition, he asked VA to work on public-private partnerships to help solve veteran challenges.

Mr. Bowman told the group that Secretary McDonald has been a breath of fresh air. His openness and willingness to engage with Congress has been great. He also likes communities (Veteran engagement panels) VA has set up; he appreciated VA working with VSOs and Veteran advocate groups.

Mr. Kruse liked the emphasis on Care in the Community as a result of the Choice Act. The stronger we can make the community, the better for the Veteran. The VA Medical Center, Community-Based Clinics (CBOCs) and local community groups are a "three-legged stool" supporting the Veteran. When he was in VISN 8, he saw reluctance on the part of VA leaders to be a part of community leadership. The VA hospital is a big economic force in the community, but leaders are slow to step up to be a positive force within the community, and he thinks communities are the key to the success of transformation, because that is where the veteran will return after services.

Secretary McDonald responded MyVA will be an even greater culture change for leaders than for the average employee. VA leaders were never trained for roles like this and it was not expected of them before. Historically, we have allowed the Department to be run by the Office

of General Counsel. This has placed too much emphasis on rules risk aversion at the expense of a culture of direct communication and service. We are changing this now - Tom Allin has hired a writer to translate VA forms into more approachable language. The Deputy Secretary is sponsoring similar changes in the Veterans Crisis Line.

Dr. Carmona asked the panelists whether resources should be re-directed to other priorities within the VA.

Mr. Phillips said he thought that there is a lot going on (and members want to add suicide prevention as a priority), and he thinks the VA needs to be constantly focused.

Mr. Kruse stated that once a program is funded and gains an identity, it is hard to turn it off and explain that to Veterans. But internally, you need a constant re-assessment and a possible need to readjust the funding. He is worried about money left on the table and said VA and Congress needed to find a way to recover money when needed. He asked if are there methods by which VA could more aggressively recapture funds that are out there.

The Secretary answered that VA is doing reports, analysis, metrics, measures, and performance (RAMMP) as a part of the leadership training cascade. Every department is looking at what reports, etc., they can eliminate. The Deputy Secretary is looking at this through monthly performance review. Examples of opportunities are Supply Chain consolidation and the grant per diem program.

Mr. Phillips responded that the grant per diem program funded the Veterans he visited in Los Angeles. One phenomenon he has seen is the "if you build it they will come" phenomenon. We do not always plan for growth or scale. VA has to be thinking about how to get the right people in the right place at the right time.

Ms. Killefer added that some VA facilities are grossly underutilized. She asked whether Congress had a recommendation on how to manage facilities and resources, including possibly shutting down old, underutilized facilities.

Mr. Bowman replied that VA has a process to identify these facilities. Congress needs to help by authorizing and funding. Mr. Phillips added that Congress not going to allow something like the Base Realignment and Closure (BRAC) for VA. Ms. Tiglao and Secretary McDonald said that some VA sites join facilities with the Department of Defense (DoD) and Mr. Kruse said that the mere fact that it is being brought up is helpful.

Secretary McDonald added that the VA also needs to explore public/private partnerships. Omaha wants VA to build a facility; unfortunately, Congress has tabled the authorizing legislation so VA can't respond to the offer.

Dr. Howard asked the panelists how much time VA had to "get it right" before Congress gives up.

Mr. Phillips said that if the Initiative is fundamentally good and its benefits are being achieved, Congress will not de-fund it. If we are getting positive outcomes and the initiative has taken root, Veterans will not want it to go away, so Congress will take note. He went on to say that Community Boards could be a real advocate. Of course, some initiatives will not have had time to grow. Even now, there needs to be a sense of internal prioritization.

Dr. Carmona asked are there areas we are not spending enough time on.

Mr. Phillips made three points:

- Tell the story – if VA wants these ideas to carry through, the Department has to tell the story.
- Data – VA need to better explain data and regain trust that data is accurate.
- Communication – VA needs to help Congress understand problems before they become the subject of a hearing.

Mr. Bowman felt that VA needed to spend more time on DoD/VA integration, especially on medical records. This problem is 20 years old. He knows the problem is not all on VA side. He did say that having a VBA Claims Intake Center located in a VHA Medical Center was a good idea. The more VA can do things like that, the better.

Mr. Kruse mentioned data and information. When Congressional staff asks for information, they need it for a hearing, research, etc. Matters brought to attention of Committee Staff have a good reason for being considered there – the sooner a response can be provided, the better. If staffers do not get the information they need from VA, they will fill in the blanks from other sources and VA may not like the answer. Certain members have long memories when it comes to getting information from VA. He thinks things are much better now, but there are certain critical issues – when Congress says it needs information now, they need to get it quickly and accurately. As VA looks at another Administration taking office, it needs to get its message out because transition teams are forming now and they will be hungry for information.

Dr. Carmona followed up on the comment about health record interoperability. When he was Surgeon General, VA was always the most (compared to Health and Human Services (HHS) and DoD) receptive to sharing information and medical records. The U. S. will never have a seamless system without the ability to share medical information, both among government agencies and with the private sector.

Mr. Bowman, responding to a question on what could derail the Secretary's vision, wondered what might constitute another "black swan" event. He suggested that VA might want to have a red cell/white cell team looking at what might happen on appeals claims. The Department might also want to look at potential bow wave of toxic exposure claims.

Mr. Phillips told VA push forward, keep doing what it is doing.

Mr. Kruse added that they MVAC will be a great help to next Administration. It acts as both a clutch and an accelerator. He asked the Committee to help define the perspective on change.

Ms. Carlson agreed saying that the MVAC could be a greater voice for change and help tell the story.

Improving Veteran Experience (VE)

Mr. Allin updated the Committee on recent activities of the VE team and discussed the VE team Operating Model:

- Customer Insight
- Service Design
- Enterprise Operations
- Field Operations

The VE organization is adding to its capabilities in customer insight, measurement and plain language communications. As an example, he mentioned the 143 veteran-facing survey instruments. The VE team has added four questions to existing surveys to assess the Veteran Experience, as measured by trust. Right now the surveys go out one to four times a year and we don't get data for 90 days. The first VE measurement baseline will be taken for the January – March timeframe. The data will be available June 24. The data will be segmented demographically and will test the insights that today are anecdotal.

Ms. Killefer noted that there was a lot of clutter in the 143 surveys and asked if any would be "retired."

Mr. Allin said that that was the goal, along with moving to electronic measurements every month. The team is piloting the use of Sales Force in Baltimore to measure Veteran satisfaction and obtain feedback on employees.

The VE North Atlantic District team has just stood up and the other districts are adding personnel. These field teams will be able to develop MyVA communities more quickly.

Dr. Haynie asked how field employees would answer the question "do you have the tools and support you need to provide great customer services." The VA District team will help the field give feedback to Headquarters on what works. The main "clients" for the District teams are Medical Center Directors.

The VE team is working with the field on training around "Owning the Moment" training. "Owning the Moment" is about the fact that Veteran interaction with VA is a series of "moments that matter" in building a sense of trust and great experience and that VA employees have a

crucial role to play in creating these moments. The Three values emphasized in the training are: "connect and care," "understand and respond to needs," and "guide the journey." Changes are taking place in the field as people realize that their purpose is to take care of the Veteran and not just fulfill a function.

To better understand the "moments that matter," the VE team has developed a Veterans Journey Map. The map is used to show the touchpoints where VA is interacting with Veterans. It ties VA into a lifelong journey rather than per-transaction relationships. The team has created ten personas to illustrate Veterans and VA employees of different backgrounds and with different needs. The team recently added "the buddy," "unaffiliated" and "front-line provider." The team is looking at customer segmentation bases on data about how they use VA.

Dr. Haynie noted that the data VA does have is representative of the customer (the portion of American Veterans who use VA services and benefits), but not representative of the American Veteran population as a whole. He asked whether VA had ever thought of a larger data gathering effort, like a census of Veterans. Committed members talked about possible sources for such a survey.

The Secretary asked how soon before VA gets all its communications in plain language.

Mr. Pummill answered that we are getting pushback from Legal.

The Secretary suggested that the Department set a date later this year as the date by which it would have plain language communications. The VE team is working on an inventory of all the times VA is communicating with Veterans.

Dr. Carmona added that the literature is really clear that changing the language changes behavior. Simpler language increases engagement and also saves money.

Developing a Simplified Appeals Process

Ms. Eskenazi and Mr. Littlefield gave a presentation on their work on a simplified appeals process. This is a full team effort for VA.

The Board of Appeals is independent of the Administrations and reports directly to the Secretary. All their work comes from the Administrations. The Board is made up mostly of attorneys and judges who provide direct support to Veterans by hearing their appeals and adjudicating them. Ninety-six percent appeals come from the disability claims process.

Mr. Bulls asked how judges are appointed.

Ms. Eskenazi replied that judges are appointed by Secretary with the approval of the President. The appointments are for lifetime; there is a process for removal but it is rarely used. At the time of their appointment judges have between 7 and 10 years of experience. They serve the Board for the remainder of their career – 20 years or more.

The appeals process is almost 100 years old. Benefits law is heavily based on statute. The process is complicated. It does not drive to any endpoint; it lasts until Veteran wants to end it. People feel trapped in a never-ending continuum. Veterans can appeal even if they are 100% disabled in order to get additional conditions added. Two percent of veterans create 47% of all appeals. The Board of Appeals' role by law is to help the veteran substantiate his or her claim, but the Veteran can retain private counsel. Outside representation is recommended, whether it is from Veterans Service Organizations (VSOs) or from private attorneys. New legislation requested by VA would allow the appeal to come straight to the Board and allow the Veteran to retain counsel earlier.

The highest payment a Veteran can receive is around $9,000 per month. This is for a severely disabled Veteran with multiple conditions. A Veteran with a 100% disability usually received a payment around $3,000 per month. An appeal does not impact benefits already earned.

Ms. Tiglao asked how VA kept veterans from being dependent on benefits.

Mr. Pummill answered that some diseases do get better and thus those conditions require future medical examination.

Mr. Bulls asked how VA did budget projections for benefits.

Mr. Pummill promised to provide the information. He went on to explain why the number of appeals is rising. Most of the time it is because the Veteran thinks there is some error of record in the files. Most appeals issues are related to muscular-skeletal conditions which may not be discovered for some time. For example, back conditions can take 40 years to manifest. This makes it hard for the Veteran to create a "nexus of causality;" he may not have reported the initial back condition when he was a parachute jumper in his 20s.

Dr. Howard told the group that young service members are now being encouraged to report their conditions and get a medical exam before they leave the service.

VA currently pays about $96 billion in claims, up from a range of $53 billion to $56 billion a few years ago. Its greatest challenge is adjudicating claims for the demographic of those who got out of the service before good medical records were kept.

Ms. Eskenazi declared that if VA doesn't change the appeals process, Veterans could wait 10 years or more for a decision. The Department has asked for resources and for legislative

changes for appeals reform. Hearings are scheduled for May 24. She feels that the VA is farther along in its reform efforts than it has ever been before.

Mr. Littlefield added that stakeholders from the VSOs as well as VBA, BVA and others, came together to work on this challenge. Their efforts added up to over 1,000 hours of wisdom. This was not VA's normal way of working on a problem. The stakeholders had to talk about trust and working together. He is really hopeful about changing the way VA works as well as a process that no longer works.

Veteran Leaders Roundtable

Mike Haynie introduced the panel comprised of members of Veteran Service Organizations (VSOs):

- Jared Lyon– Student Veterans of America
- Jonathan Schleifer – Iraq and Afghanistan Veterans of America (IAVA)
- Spencer Kympton – the Mission Continues
- Blayne Smith – Team Red White and Blue
- Rick Weidman – Vietnam Veterans of America
- Jake Wood – Team Rubicon
- Garry Augustine – Disabled American Veterans (DAV)
- Joe Chenelly - AMVETS
- Dale Barnett – American Legion
- Bill Rausch –Got your Six
- Matt Mandeville – Purple Heart

Dr. Haynie's opening question to the panel was "What do you believe the role of the VSO is in the MyVA transformation?"

Mr. Weidman answered that a key function is serving as institutional memory. He recalled a Congressional conference in 2014 – no one there knew or remembered how to stage such a meeting. It is important to "know where you have been" and have people around who remember how things were done before. He has worked with every Chief Medical Director since Mr. Ed Derwinski. The VSOs are eyes and ears and can carry messages for VA to Congress in a way VA can't do. All of VA needs to and wants to get to the same position as the VSOs have in the community. VA needs to get to a position where people refer to "our" VA hospital.

Mr. Barnett emphasized the SAIL system and fixing the provider/payer system. Electronic medical records are key. He thinks there is way too much reliance on drugs to treat post-traumatic stress disorder (PTSD). Personnel accountability must be fixed, and he would also like more discussions about fixing the Appeals process.

The Deputy Secretary thanked Mr. Barnett for championing SAILs, saying that SAIL data is now incorporated into performance plans for medical center directors. He also agreed with the concerns expressed on over-reliance on drugs and on addressing personal accountability. He mentioned that VA has improved the provider payer system as called for under the Choice Act.

Ms. Reaves commented that, if VA is going to have a system that includes outside providers, VA has to be the manager of the system so that information is properly exchanged. This is central to the consolidated community care program VA wants to roll out. VA needs to establish measures and the technology system that allows transmission of information. VA has to be the manager of care quality because VA is accountable to the Veteran

Mr. Rausch felt that VSOs had an important partnership role with VA because they have shared values and a shared mission. If VA puts Veterans first and so do VSOs, it is a natural fit. Having the different VSOs brings different perspectives. The younger groups offer uniquely different perspectives because their members are not necessarily enrolled in the VA system. Service to Veterans is bigger than the VA. The VSOs extends the reach of that service.

Mr. Smith talked about Veteran empowerment. He himself almost didn't use the education benefit to which he was entitled because he thought, "that's for other people." His dad encouraged him to apply. He felt that VSOs need to be in touch with VA about benefits, to include those who enrolled and those who are not, and other factors that affect Veterans.

The panelists were asked what is the perception of VA that post-911 VSOs have.

Mr. Smith said that two years ago, the perception was negative. Younger Veterans thought VA was for other people and wondered why they would use VA if they had a job with health care benefits.

Mr. Kympton talked about a colleague who went to VA. He said that the quality of care was fabulous, but the "veneer" was awful; he felt like he was treated like a cog. Other panelists echoed this statement, but said that now; those who engage with VA are seeing a difference and are excited by it. Unfortunately, a whole population of people has checked out.

Dr. Haynie asked the panelists what areas are we not focusing on and should.

Mr. Weidman responded that for 40 years his organization has been trying to get VA to take a military history of the Veteran and use it in diagnoses and modalities of care. He believes that VA must become an occupational health care system. It is the only place where the right questions could be asked to get at service-related conditions. Addressing these is an important part of overall health.

Mr. Wood said that he had starting working with a firm working in big data analytics to provide leading indicators for at-risk service members. Three years ago, he approached VA about this work, but could not find any interest at the Department. He would like more focus here. Also, as he was going through the Transition Assistance Program (TAP), a person came in to talk about disability benefits system. The speaker was completely uninspiring and gave him the impression that he was a "sucker" not to try for a 60% disability rating.

Mr. Wood said he had two reactions: he is a freeloader and he was being encouraged to apply for a benefit he does not need and thus gum up the systems.

Mr. Smith added that the 2% of folks making 47% of appeals is a turnoff for him and his service comrades.

Ms. Carlson asked the panelists if VA should think differently about generational differences.

Mr. Wood replied that Millennials *are* different. They are an enigma – even to him. Panelists talked about the lack of trust Millennials have in institutions in general, which causes them not to think about VA.

Mr. Augustine replied that he and Mr. Weidman didn't think of VA either when they were leaving the service after Vietnam. But now they are older. Someday these younger guys will need VA as well. It is important to teach folks about the benefits they are entitled to – a lot of Veterans think VA is for "the other guy." As folks get older, they will realize that VA is a good thing. They are great source when other insurance options are not there and they know what to do with Veterans' issues (he was wounded in Vietnam – he has to always explain that to private providers).

Dr. Carmona told the group that demographics are an important consideration, because if we treat all Veterans the same, we have failed. This is why medical records are important – without an electronic medical record that transferred military information (on the day of separation) into VA, VA cannot give complete care.

Mr. Lyon – said that of the 1.1 million Veterans in the education system today, 90% are prior enlisted. Student Veterans are using VA to complete their education. A big touchpoint with VA is the work the Department does in certifying education at schools. The ethos in military is "if I don't need that, I'm not going to take it." However, he believes Veterans entered into a trust when we said that. Even if they don't need benefits today, VA will be there when we do. We need to look at other touchpoints, like the education example, that will resonate with the new generation. TAP is not the best touchpoint for creating a good impression.

The Secretary and Deputy Secretary said that their statistics show that this new generation is using VA. For example, 70% of younger veterans that have separated are enrolled in VA for healthcare.

Mr. Augustine was glad to hear of that, saying that if a Veteran doesn't file a claim when he or she first gets out, it can be difficult to maintain continuity of evidence.

The MVAC members think that TAP needs to be done right.

Secretary Gibson responded saying that he had seen great improvements in TAP. VA is fixing healthcare enrollments this year; at Fort Riley, we are piloting collecting enrollment information during the TAP program. Now the Department is working with DoD to automatically send information from DoD to VA. All the Veteran will need to say is, "I'm willing to pay my co-pay and here is my third party provider," and he/she will be enrolled.

Mr. Schleifer told the group that Millennials' two mindsets have to do with information and institutions. They are highly skeptical of institutions and that has to be overcome. With regard to information, we need to go from a "push" information system to a "pull" information system. When the Veteran has a question or challenge about VA, their first stop should be VA, not Google.

This comment led to a discussion on marketing and branding.

Ms. Carlson said that VA needs to integrate everything we are doing with social media.

Secretary McDonald added that the best marketing for millennials is to create a movement. VA needs VSOs with younger members to help to create a movement.

Mr. Kympton replied that many younger VSOs don't have "Veteran" in their name because that is not considered to be "facing forward." He suggested that the MyVA effort ask the VSOs how they push Veterans to VA and how VA can push/align Veterans to VSOs.

Mr. Wood told the group that VA has to rebuild its brand. Veterans will trust VA if VSOs tell them to do so, but VA has to back that trust up. It must build a movement that is multigenerational. Design is important, and Millennials like standardized forms.

Mr. Rausch added that the brand must be reinforced by experience. If the first line touchpoint with VA is not high quality, folks won't come back – they have other options. First line touch points are starting to get better (better parking, no smoking at entrances, etc.), and Congress needs to keep the leadership so momentum doesn't get stopped.

The panelists were asked for final thoughts.

Mr. Augustine said there is not one VA. There are lots of different programs. It is a big organization and all parts have to work together.

Mr. Weidman said that the assertion that people would make spurious claims is nonsense. He gets very impatient about folks saying that there are fraudulent claims. It is actually still hard to get Veterans to file a claim.

Mr. Barnett had a list of recommendations:

- Modernize the appointment system.
- Check abandoned call rate
- Improve Parking (his group's biggest complaint)
- Treat veterans like valued customers.
- Ask, "if there is a line, does the line move?"

Mr. Smith said that a key point was to empower people to live their purpose.

The Secretary answered that a principals-based organization involves risk - encouraging people to make judgments means accepting that some of them will be wrong. Employees need to know that the Secretary and Deputy Secretary will have their backs.

Dr. Haynie told the group that the discussion tomorrow will be about how we plant a flag in the ground to keep transformation moving in a time of change

Mr. Augustine said that, in his 15 years, this has been the most receptive VA has been to hearing outside voices. It was great to talk about the VSOs' views about how this organization should change and grow. He mentioned that VA education benefits are a great example of how VSOs have helped to improve and grow a program.

Mr. Rausch thinks that to help keep the momentum going, we need to keep this leadership team. The one biggest change he has seen is a change in culture and this has been because of the leadership.

Mr. Augustine added that his group had made their thoughts known to both campaigns on leadership.

Mr. Schleifer reminded the group that they need to also keep the enthusiasm of the employee and roll things out as quickly as possible. The Secretary replied that the VA needs to plan out every advance from now until December and then plan communication around it.

Dr. Haynie concluded this part of the meeting by saying that a VSO round table should be part of the battle rhythm of MVAC.

myVA
Putting Veterans First

Veterans Health Administration

Dr. David Shulkin told the MVAC that he really wants feedback on whether VHA's work is making a difference. Are we doing the right things? Taking the right measurements?

He provided some updates to the MVAC:

- The greatest difficulty when he joined was getting new leaders. He is happy to say great progress made in that area.
- VHA was recently named the 12th most innovative organization in the world as measured by patents, etc.
- He is about to launch the Center for Compassionate Innovation. VHA is managing some diseases as chronic conditions. VHA wants more interventions and to attract more research and folks who will make the breakthrough discoveries.
- VHA is adding a single executive focused on access – it will be his or her full time job.
- VHA held its annual strategic summit last month, and asked VSOs what VHA should be doing. The group had a lot of discussion on strategy, execution and success. The problem has been in execution.

Every VHA Management Team is signing off on the MyVA Access Declaration. There are nine declarations. Among the most important is that anything that involves cancelling or rescheduling an appointment has to involve the veteran. The access toolkit for VA Medical Centers was developed by the field, not Headquarters. The great thing about VA is that you can always find someone doing a best practice. Thirty-three sites have identified best practices; we are tracking the spread of these to 128 sites.

Now VHA track its progress on pending urgent appointments and urgent consults. We are working down the list – working to get to 0 pending (over 30 days) appointments. Ninety percent of remaining unmet appointments are those out in the Choice Network (private providers); we now pulling these appointments back into the VA system.

Dr. Haynie asked how much change is due to people and how much to process improvements

Dr. Shulkin answered that it is hard to say, but VHA has changed from 31 different ways to grade urgency to two. Now leaders start every day looking at the data so resources can be re-allocated. VHA needed data, but also management focus. One of the places that has the worst outstanding consults was Jackson, MS. Upon investigation, he found that everyone ordered everything "stat." He pointed out that this was hurting Veterans and got the numbers of pending consultations down by working with unions and finding doctors for Veterans. Another area of focus is wait times: the way VHA reports wait time data is confusing. They are now trying to report data from the Veteran point of view – his/her perception of wait time.

Dr. Carmona commented that this is very competitive with private sector.

Dr. Shulkin agreed and said we are not measuring Veterans who do not get an appointment. We are six points better than industry on quality of care and four points worse on getting to that care.

Secretary McDonald told the group that VA was adding facilities: more square footage, longer hours, and more doctors. Veterans are now using VA for 34% of their care. If that number goes up, it will cost billions. Nineteen major leases have not been approved in FY16. Mr. Howard said that if VA had capacity, users would gobble it up.

Dr. Shulkin told the group that VA still has a huge amount of work to do to increase capacity. There is a 22% cancellation rate for mental health and 13% for regular appointments – both are double the amount of industry.

Ms. Tiglao asked if VHA was capitalizing on no-shows to work pending appointments.

Dr. Shulkin told her that one facility keeps a 1:00 p.m. appointment slot open and fills it as soon as there is a cancellation. Some overbook at a rate commensurate with no-shows.

Dr. Carmona asked where was the incremental planning over the last 13 years that would have projected this need for capacity. When deciding to go to war, VA should get commensurate funding for the down-the-line costs.

Deputy Secretary Gibson replies that VA has a lot of work to do to align the resources with the requirements and force the conversation on cost. Mr. Pummill has taken FY16 funding and allocated it to his resources so he can talk about the quality of service he is able to provide with his funding. VA does not do a good job of forecasting. We know that population of aging Veterans will double in the next 10 years, and we must force the conversation with Congress so that the resources will be available for them.

VHA is moving to a new scheduling system including a mobile application that will let the Veteran request an appointment. VHA is piloting it in two locations.

Ms. Council told the group that the biggest issue is getting the platform stabilized. VHA is also looking into ways to provide remote healthcare, including innovative recruiting and telehealth. (VHA is the largest user of telehealth in the nation.)

Dr. Shulkin noted that VHA had been set up to act as a group of independent operating units. The organization is now working on innovation and integration across these operating units. They are using a "Shark Tank" approach to spread best practices throughout the broader organization. They began by soliciting ideas; his colleagues identified 300 best practices from the field which were provided to the Shark Tank team. The team then selected 13 best

practices from this bigger group to present to Medical Center Directors. The Directors "bid" on implementing these practices in their facility. Each of the 13 practices has a sponsor who is responsible for shepherding them and getting them rolled out to the Medical Centers who agreed to adopt them.

In addition to the 13 (and as noted in previous MVAC meetings), Veterans can now directly schedule audiology and optometry appointments. This has freed up a lot of primary care hours, and VHA has begun to assess and implement the ability of VA pharmacists to prescribe medicine; a pilot in Madison, Wisconsin freed up 28% of primary care capacity. A new book is being written by VHA practitioners about best practices.

In 2009, VA started the process to get full–practice authority for nurses and is about to post a notice in the Federal Register on this topic. VA will also seek full practice authority for nurse anesthetists, but since there is not a capacity problem for anesthetists, they will not implement this right way.

VA is still concerned about employee engagement.

Dr. Shulkin said that he was starting to see change at the VHA Central Office, but is still concerned about the field staff. The problem there is that VA has too many vacancies. The Department is fighting a huge wave of retirements. VA started the year with 35 Medical Directors and will end with 44. That is still a lot of vacancies, which affect leadership and therefore employee engagement.

VA is starting to see more authorizations for community care and the number of aged-claims is decreasing. The Department will shortly release a draft Request for Proposal (RFP) requesting bids for a new Community Care system. A key concern is tracking. The SAIL system works well – but only for care within VA. We need to track the full continuum of care.

In summary, VHA and VA are working hard to restore trust. We are really trying to be more transparent and get our story out.

Day 2

Opening Agenda and Reflections

Secretary McDonald introduced Ms. Kayla Williams – Director for the Center for Women Veterans. She is a Veteran and the spouse and caregiver for a 100% service disabled Veteran (TBI & PTSD). She uses Pittsburgh VAMC for her family's medical care. She has been very upfront about the gaps and challenges in the system. For example, the Pittsburgh doctors did not know about some of the services VA covered. She has written books and testified about VA.

Ms. Williams was excited when VA asked her to serve on the Women's Advisory Committee and now be a VA employee. She believes that VA does care about employees and wants to hear their constructive suggestions. VA wants this moment in history to be the one where VA really reached out to women.

MyVA communications

Ms. Rosemary Williams made a presentation to the Committee members. She has heard loud and clear the challenges of both internal and external communications.

Successful Communications have three pillars:

- Outreach
- Engagement
- Awareness

VA must build and maintain honest relationships with its stakeholders.

VA's Office of Public Affairs (OPA) has the lead for establishing MyVA internal communications across the Agency. The marriage of internal and external communications will help the Department maintain style flexibility. OPA is working to build a sustainable capability and will use an evidence-based approach, taking content, and adapting it to leader's needs for easy dissemination. Ms. Williams is planning to create a battle rhythm so leaders can send communication and leaders can pass communication up and down the chain.

Ms. Williams will look for stories as they are the most impactful way to get a message across to an audience. VA will use letters to groups large and small, as a reminder of its mission. OPA wants to recognize local employees and Veterans that go the extra miles. Ms. Williams stated she knows she is working against classical reluctance to change, compounded by the traumatic events of two years ago.

VA's approach for external communications will be to work mostly in the local media space where coverage of Veterans is neutral to positive. Local communities have an unbreakable foundation of love for Veterans; there is a natural affinity for neighborhood VA facility. VA hopes to amplify local stories that live and thrive in the local and regional layer – the "thermal layer." These stories can feed the national media which gets their stories from sources, trends, and local stories.

External communication needs to be quantifiable, relevant, engaging, and transparent. Aspirational language is for internal communications. A real "win" for VA would be a story about a successful Veteran in which VA is mentioned in the third or fourth paragraph. VA needs a fully integrated digital platform and also plans to use trade media outlets, such as publications for IT and healthcare. She hopes to use 3rd party validators, thought leaders and community leaders to help tell the VA story. When Ms. Williams first got to VA, she made a

stakeholder map. VA has many diverse micro-communities: 245 Non-Governmental Organizations (NGO)s, 561 tribal nations, 140,000 volunteers, all with informal networks, VSOs, 25 Federal Advisory Committee Act (FACA) Committees with 645 members, Academic Institutions - all of these organizations can tell the VA story.

Ms. Williams asked for feedback from the MVAC on what is working and what is not. She hopes to get information on how communication is working in other organizations, especially Federal Agencies.

Dr. Haynie suggested that OPA should add higher education to stakeholder list. He thought she would get a lot of good news stories from this source; education has made a huge difference in Veterans' lives. The VetSucess program on campus is a huge success.

Ms. Williams agreed – one of the FACAs is Education based.

Dr. Howard reminded the group that VA has had fantastic success with home loan program as well.

Ms. Williams added that VA has permission to advertise as long as it is about veterans. The Department put together a Twitter Town Hall on real estate and had 6,000 participants from the National Realtors Association. They had a vibrant conversation about the Loan program.

The group talked about a reprise of the 60 Minutes interview the Secretary gave in 2014. That was a powerful piece.

Ms. Reaves said that VA needs to be very conscious of using some of the public conversation to help employees really *see* and feel the veteran. She also recommended using radio.

Ms. Williams replied that VA had just hired a young veteran to develop Podcasts. VBA used to start every meeting with a story from a veteran on how the VA helped him or her and VA is trying to introduce that practice again.

Dr. Howard commented that he liked the local story angle. He agreed that aspirational language is for internal audience. He asked whether VA was getting any play for being known for innovation, and whether most of the stories about VA were more positive or more negative.

Ms. Williams agreed that aspirational language is future oriented. Journalists are naturally skeptical and will check up on whether the subject has done what they said they were going to do. Aspirational language needs to be a secondary hook in a story. If VA finds itself in a conversation about the "old" VA and the "new" VA, it has lost the reader. She said that when she first joined VA in 2009 the news stories were mostly negative. She thinks that current news stories are trending positive. She wants to look at trends, (not day to day stories), figure out what works and sell that.

Mr. Blackburn commented that there was a great article in a Silicon Valley magazine recently featuring government innovation and VA. It really helped in the recruiting of young technical professionals.

Deputy Secretary Gibson told the Committee that, comparing clips from a year ago to now, it is surprising to see the upward trend.

Ms. Williams has spent time thinking through VA's communications campaign and long term strategy. The Department is starting to get ahead of the Inspector General (IG), Government Accounting Office (GAO), and other reports. It is trying to get the positive story out ahead of the report and then be ready with a response to the report. This creates an environment where there is less of a negative impact. If there is a problem, VA needs to own it. If an agency spends all its time chasing down a story, it can feel like "whack-a-mole." What's important about leadership owning a mistake is that it sends a message to the employees that, if they make a mistake, they are covered?

The Secretary told the Committee that Ms. Williams' role in changing the culture is as important as Ms. Flanz' role as head of Human Resources and Administration. Historically, VA has gone out of its way *not* to communicate. We still don't have a culture where communication is valued. It is not a natural capability for VA. Open communication is a manifestation of the open honest culture VA wants to create. A good leader cannot be a good leader in a castle.

Ms. Williams agreed, saying she would argue that you are not a good leader if you cannot communicate and engage. In the Federal government, people do not worry about competition. This is dead wrong. If folks are not aware and engaged about the programs the Department has designed, we are good managers and lousy leaders. She is planning an annual conference for Public Affairs training; so far, enrollment rate has been very high.

Ms. Reaves reminded everyone that VA has not yet hit the rank and file employee. They want to see themselves in the limelight as well. She said that VA must engage that rank and file. She does not want to take anything away from leadership, but the leadership is all we talk about.

Secretary McDonald replied that, through LDL, eventually everyone will be trained in telling their story.

Ms. Carlson felt that VA had talked about the culture at all ranks. She agreed that VA's story had to resonate with employees. VA needs a strategy for day to day engagement and an excitement about doing the best for the veteran. The Department or individual units could give out pins, badges, or other small devices to recognize service and commitment. The awards could even be silly ones, but if VA could make a video of the employee receiving the award and post it, it would have a far-reaching effect.

Ms. Williams agreed, noting that there were a lot of communications products and platforms. She wants to create toolkits that have enough flexibility to be tailored.

Ms. Tiglao emphasized the need to touch secondary and tertiary platforms, social media and stakeholders.

Ms. Williams replies that at DoD (her former Agency), 85% of military families are under 35. She had to stay digital with respect to communications. She believes that a Senior Executive at VA must have a social media platform and must use it. Unfortunately, VA is at the mercy of how the facility director feels about communications. If it is not a priority for him/her, then communications become a collateral duty for the Public Affairs Officer (PAO). All the authority lines in the fields are "dotted line."

Ms. Tiglao asked if there was a way to tell a story that illustrates that it is alright to take risks and make an honest mistake; show the back-up and the positive outcome.

Ms. Williams said that this happens over time. The most effective method for telling this kind of story is peer-to-peer. Employees need to know that "If you make an honest mistake, we're going to cover you, but we are also going to lift you up and make you more effective." She is hoping to pull in as reflect as many partnerships as she can into VA's public conversation.

Dr. Haynie's advice was to concentrate on the substance and the story will follow. He endorsed the "3rd Party Validator" comments earlier in the discussion. It's one thing if VA posts a story, quite another if the MVAC or the VSOs posted.

Ms. Reaves said that VSOs have their own great networks.

Deputy Secretary Gibson told the MVAC that VA knows it needs to change the old paradigm. At the last MVAC session, the group had talked about the obligations of leadership, one of which is to communicate. VA is now defining the work and therefore the expectations of leadership. The Secretary added that, speaking on behalf of all the VA leaders, the MVAC has been really valuable. This is borne out by the Commission on Care making a very similar recommendation in its draft report.

Public Comments

There were no public comments at this meeting.

Committee Member Discussion

Dr. Haynie reminded the MVAC members that they had discussed developing a committee report, not as a cheerleading effort, but as a discussion of the efforts and initiatives that must continue for transformation to be successful. The group had talked about getting the report out late in the term, but he thinks they perhaps need to do an earlier report and perhaps contribute some interim products. He reminded the MVAC that there are other voices, such as the Commission on Care (CoC), that are having an effect on the public dialog. He asked the members whether the MVAC should be one of the voices in this space.

Ms. Reaves mentioned that she had attended the CoC meeting on Tuesday. The CoC Chair is looking for input on their report. At a minimum, some kind of letter that goes into their official pool is in order. She thought that the MVAC needs to work on the media aspect as well and Congressional partners. She also emphasized the VSOs.

Ms. Tiglao agreed that a letter should be written. It would be nice to make it an online petition that the public could digitally sign. This could be a strong statement of public support.

Ms. Carlson reminded everyone that there is a lot that has already been done. She thought it was very impactful to visit the facilities. She said the MVAC needed to stress how important culture is and needed to push the things VA really needs to do: communication, culture, employee engagement, and medical research.

Ms. Reaves thought that the MVAC should look at the Secretary's priorities and use them as its focus, being adamant in insisting on consistency.

Dr. Howard emphasized that the overall movement must continue because the VA "train is on the right track."

Ms. Reaves agreed and said that the MVAC document needed to acknowledge that the people at the VA might change but the movement cannot.

Dr. Howard liked the letter idea because he didn't think the communication could be too long. The other part would be the actual (political) campaigns. The MVAC must get this information into the hands of the candidates and the platforms. Things like culture and front line employee engagement are still a challenge. The MVAC letter needs to acknowledge that these things will take time. The only way for people to believe that change will happen is for them to see this movement to continue into the next Administration.

Ms. Tiglao said she wished that others could attend an LDL session. At the session she attended there was cynicism at the start, but great energy at end. We need to show that VA is moving to get this kind of training and orientation below "thermal layer."

Dr. Carmona said that he was hearing that the Committee had agreed on a process going forward: a letter that may be a preamble to a report that will go to transition teams. The letter would be written at the "50,000 foot" level; the report would be more granular. This would be a strategic communication with the emphasis on continuity and sustainment of effort.

Ms. Carlson added that the VA needed some kind of group that is super consistent across Administrations. This effort is bi-partisan. She asked whether, the MVAC should engage Congress, once the letter was written.

Dr. Carmona felt that Congressional staffers were key. The most important thing was that MVAC is in unanimity about thinking that transformation must continue.

Dr. Haynie remarked that a lot would happen in the next 30 days. The Veterans First legislation will probably be discussed and perhaps voted on before Memorial day. The Commission on Care report is due in June. He wanted ideas on how the MVAC would take its information and incorporate it into a letter. He asked about a process and a framework. He himself has thought off four themes:

- Community
- Employee engagement
- Transparency
- Veteran experience

There is a culture and organizational change story at the strategic level. The draft CoC reports says that the "culture must change." The MVAC recommendations will need to be more specific.

Mr. Bull told the MVAC about his "Five Ss:"

- Strategy
- Structure
- Systems
- Staffing

The group felt that they could easily tie these ideas back to the 12 Breakthrough Priorities, and the five MyVA strategies. They paper could talk about the goals, objectives of the transformation and progress toward them. It could speak to the changes in care over the last year, showing achievement and thus the need for continuity.

Dr. Howard liked Dr. Haynie's four themes. He felt that Mr. Bulls' concepts might be more applicable to the report itself. A discussion of the 12 priorities would be rather long for a letter. He suggested instead that the MVAC take the five strategies, and, using the inverted triangle from last year's MyVA Integrated Plan, take them apart and talk about what VA has done.

Dr. Haynie said the MVAC needed to identify where it could tell the most impactful story to its audience.

Ms. Carlson suggested discussing utilizing technology as an enabler. The MVAC needed to talk about enabling VA through innovation; it can't let VA fall so far behind again. She thought the communication should discuss the multiple demographics VA serves and the resources required to serve them.

Dr. Howard reminded the Committee that the letter needed to be short or it would not find an audience.

Ms. Tiglao said that people needed to see that VA is looking "future forward." The letter must take the audience into account. The language must be palatable to the reader. She asked whether the letter should take a declarative tone or serve as a call to action. She felt the community should see that they have a role.

Dr. Carmona said that the letter needed to talk about what VA did, where it is going and what the community could do to help. The letter needed to be inspirational.

Dr. Howard suggested that the discussion on technology be included in the forward looking part of the letter. It should acknowledge that there are gaps in VA service, but that the only way to address them is to keep this transformation going. The story is the five strategies. He thought the short letter should include only four or five points. It should be kept at a high level and written in plain language for the outside reader.

Ms. Carlson agreed that the MVAC should think of the audience as "Joe Citizen." It shouldn't get too complicated.

Ms. Tiglao suggested that the MVAC needed to consider why Joe Citizen should care.

Dr. Haynie talked about the fact that the United States went to all-volunteer force after Vietnam. A small minority of citizens serve for the entire country.

Ms. Reaves added that it was also true that the United States had had 15 years of no war. During that time there was no combat test of all-volunteer force and no acknowledgement that Veterans have needs that may surface years later.

Dr. Howard thought that the MVAC should focus more on campaigns. He thought that a very incisive letter targeted to specific groups may serve the cause of VA Transformation better than getting a piece in the New York Times. The group agreed that the letter could lead to

editorials and social media engagements. The letter itself could "morph" into many forms and platforms. The MVAC needs to consider the distribution network.

Dr. Haynie said that the MVAC needs to write what it has seen happen as a result of this action. The Committee needs to discuss what the MyVA initiative has done to improve VA and the work that still needs to be done. He asked for consensus around larger report, suggesting that it could be framed around the 12 Breakthrough Priorities and make specific recommendations. As MyVA thinks about the agenda for the July meeting it might consider that part of it should include a very specific out brief from MyVA on each of the Priorities and also provide a candid assessment of where VA is falling short relative to these priorities.

Mr. Blackburn told the Committee that a Senior Leader offsite scheduled for May 26 would be a "temperature check" on the priorities. He suggested that the July MVAC be held outside of Washington, DC.

Ms. Tiglao agreed that it would be good to go to a place where good things are happening but where we still need work as well.

Debrief and closing remarks

Mr. Blackburn thanked the committee for the meeting, saying that the thoughtfulness and feedback had been tremendous. He valued the responsiveness and personal coaching.

Mr. Bailey requested draft recommendations be sent to the Unions for comment and review before being sent forward.

Ms. Polnak said that the recommendations will include drivers and that her union members would ask her about them. She wrote a lot of notes during the meeting about making communications more plain.

Ms. Burke said she was concerned about some of the innovations not coming from the front line. She was also concerned about strategic planning saying that VA needs to have a clear connection between strategy and resources. If the Department identifies a gap, it needs to have a strategy around addressing it.

Ms. Westmoreland told the group that employees are saying that the materials are not getting to them or are getting to them in ways they do not understand. Continued funding of initiatives and processes is important because Congress will fund for a while and then stop or fund by taking away from other resources needed at VA. VA needs continued funding for changes.

Mr. Bailey commented that facility directors are faced with continued challenges on what to fund, what to not fund and continued unfunded mandates from Congress. He said the "doing more with less" philosophy has to go.

Ms. Fell said that when VA moved her to a position working directly with Veterans, they did not backfill her position. She is torn between working with Veterans on campus and working for the station. She also commented on need for women-only facility waiting rooms. She is happy that she is no longer asked if she is a "spouse of" another Veteran.

Dr. Haynie thanked the Committee and adjourned the meeting at 12:30pm.

Respectfully submitted,
Debra A. Walker
Designated Federal Officer
MyVA Advisory Committee

I hereby certify that, to the best of my knowledge, the forgoing minutes from the February 1 – 2, 2016, meeting of the MyVA Advisory Committee are true and correct.

_____

Dr. Michael J. Haynie
Vice-Chairman, MyVA Advisory Committee